<u> </u>	•		
PPLICATION	FOR UNITED	STAT	ATENT
DECLARATIO	N AND POWER	OF AT	DRNEY

Docket No.: \_

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## PYROLYTIC BORON NITRIDE DOUBLE CONTAINER AND MANUFACTURE THEREOF

	· · · · · · · · · · · · · · · · · · ·			
described and clair	ned in the spe	cification:	•	
Check one			•	
	attached her		and amounded an (if annihing)	
. в. 🗆	inlea on	_ as Application No a	and amended on (if applicable).	
amended by any ar	mendment refe	rred to above.	the contents of the above-identified specif	•
I acknow 37, Code of Federa			information known to me to be material to	patentability as defined in Title
			ts of the following foreign application(s) ans within one year prior to this application a	
		Application No. y 17, 2000	2000-39389	
States of America	either (a) mor		s certificate on this invention were filed in opplication, or (b) before the filing date of the	
• •			•	
, ,		•		
		following as my attorneys of iness in the Patent Office:	record with full power of substitution a	nd revocation to prosecute this
• •	. 1	ames A. Oliff, Reg. No. 27,07	75; William P. Berridge, Reg. No. 30,024;	
	· ŀ	irk M. Hudson, Reg. No. 27,	562; Thomas J. Pardini, Reg. No. 30,411	<b>;</b>
			31,450; Robert A. Miller, Reg. No. 32,771	
	Mario A.	Costantino, Reg. No. 33,565;	and Stephen J. Roe, Registration No	. 34,463.
			HIS APPLICATION SHOULD BE SEN TELEPHONE (703) 836-6400.	T TO OLIFF & BERRIDGE,
own knowledge ar were made with th	re true and thate knowledge to the little 18 of the littl	t all statements made on informate willful false statements and	the contents of this Declaration, and that a mation and belief are believed to be true; a d the like so made are punishable by fine ch willful false statements may jeopardize	and further that these statements or imprisonment, or both, under
Typewritten Full Na	w a		•	
f First or Sole Inve		Noboru	•	Kimura
*Inventor's Signatur	•	Noboru Given Name	Middle Initial	Family Name
*Date of Signature:		12 Dec.	22	2000
•		Month	. Day	Year
Residence:		Annaka	Gunma	Japan
•		City	State or Province	Country
Citizenship:	Japan			,
•		e Address:	•	
	(Insert com		Complex	
	mailing add		·	

including country)

2-13-1 Isobe, Annaka-shi, Gunma-ken, Japan

<sup>\*</sup>If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

<sup>\*\*</sup>Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application

	Typewritten Full Nam	ie "F				
	of Second Joint Inven			Kenji	•	Satoh
				Given Name	Middle Initial	Family Name
	**Inventor's Signature	<b>:</b>		Kenji;		Satoh
	**Date of Signature:	:				
	Date of Signature.			Dec		2000
	<b>8</b> . 11		_	Month	Day	Year
	Residence:		Anna City		Gunma State or Province	Japan
	Citizenship:	Japan	City		State of Province	Country
	Citizensinp.		ice Address:	٠.	<del></del>	<del></del> -
	•	(Insert comp		c/o Gunma Comm	olex	
		mailing addr	ess,		· · · · · · · · · · · · · · · · · · ·	
		including co	untry)	2-13-1 Isobe,	Annaka-shi, Gunma	-ken, Japan
	Typewritten Full Nam				•	4
	of Third Joint Invento	or (if any)		Masaki	NA. 10 Y	Seki
		•		Given Name	Middle Initial	Family Name
	**Inventor's Signature	:		masahi	<del></del>	<u>Sepi</u>
	**Date of Signature:	•	Dec.	· · · · · · · · · · · · · · · · · · ·	22	2000
			Month		Day	Year
	Residence:		Annak	a :	Gunma	Japan
	•		City		State or Province	Country
	Citizenship:	Japan	-	•		
			ice Address:			•
		(Insert comp	lete	c/o Gunma Comp	olex	
						: "
		mailing addr				_
	•	including co		2-13-1 Isobe,	Annaka-shi, Gunma	-ken, Japan
	Typewritten Full Nam	including co		2-13-1 Isobe,	Annaka-shi, Gunma	-ken, Japan
	Typewritten Full Nam of Fourth Joint Invent	including co			·	
	of Fourth Joint Invent	including co te tor (if any)		2-13-1 Isobe, Given Name	Annaka-shi, Gunma	-ken, Japan Family Name
		including co te tor (if any)			·	·
	of Fourth Joint Invent	including co te tor (if any)			·	
	of Fourth Joint Invent	including co te tor (if any)			·	
	of Fourth Joint Invent	including co te tor (if any)		Given Name	. Middle Initial	Family Name
	**Inventor's Signature:  **Date of Signature:	including co te tor (if any)		Given Name	. Middle Initial	Family Name Year
	**Inventor's Signature:  **Date of Signature:	including co te tor (if any)	untry)	Given Name	Middle Initial  Day	Family Name
-	**Inventor's Signature:  **Date of Signature:  Residence:	including co	City	Given Name	Middle Initial  Day	Family Name Year
	**Inventor's Signature:  **Date of Signature:  Residence:	including co	City	Given Name	Middle Initial  Day	Family Name Year
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:	Post Offi (Insert comp	City ice Address: lete ess,	Given Name	Middle Initial  Day	Family Name Year
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:	Post Offi (Insert comp	City ice Address: lete ess,	Given Name	Middle Initial  Day	Family Name Year
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:	Post Offi (Insert comp mailing addrincluding cone	City ice Address: lete ess,	Given Name	Middle Initial  Day	Family Name Year
-	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:	Post Offi (Insert comp mailing addrincluding cone	City ice Address: lete ess,	Given Name  Month	Middle Initial  Day  State or Province	Family Name Year Country
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess,	Given Name	Middle Initial  Day	Family Name Year
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess,	Given Name  Month	Middle Initial  Day  State or Province	Family Name Year Country
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor  **Inventor's Signature:	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess,	Given Name  Month	Middle Initial  Day  State or Province	Family Name Year Country
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess,	Given Name  Month  Given Name	Middle Initial  Day  State or Province  Middle Initial	Family Name Year Country Family Name
-	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor's  **Inventor's Signature:  **Date of Signature:	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess,	Given Name  Month	Middle Initial  Day  State or Province	Family Name Year Country
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor  **Inventor's Signature:	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess, untry)	Given Name  Month  Given Name	Middle Initial  Day  State or Province  Middle Initial	Family Name  Year  Country  Family Name
	**Inventor's Signature:  **Date of Signature:  Residence:  Citizenship:  Typewritten Full Namof Fifth Joint Inventor  **Inventor's Signature:  **Date of Signature:  Residence:	Post Offi (Insert comp mailing addr including cone r (if any)	City ice Address: lete ess,	Given Name  Month  Given Name	Middle Initial  Day  State or Province  Middle Initial	Family Name  Year  Country  Family Name
	**Inventor's Signature:  **Date of Signature:  Residence: Citizenship:  Typewritten Full Name of Fifth Joint Inventor  **Inventor's Signature:  **Date of Signature:  Residence: Citizenship:	Post Offi (Insert comp mailing addr including conte	City ice Address: lete ess, untry)	Given Name  Month  Given Name	Middle Initial  Day  State or Province  Middle Initial	Family Name  Year  Country  Family Name
	**Inventor's Signature:  **Date of Signature:  Residence: Citizenship:  Typewritten Full Name of Fifth Joint Inventor  **Inventor's Signature:  **Date of Signature:  Residence: Citizenship: Post Office	Post Offi (Insert comp mailing addr including conte r (if any)	City ice Address: lete ess, untry)	Given Name  Month  Given Name	Middle Initial  Day  State or Province  Middle Initial	Family Name  Year  Country  Family Name
	**Inventor's Signature:  **Date of Signature:  Residence: Citizenship:  Typewritten Full Name of Fifth Joint Inventor  **Inventor's Signature:  **Date of Signature:  Residence: Citizenship: Post Office	Post Offi (Insert comp mailing addr including conte	City ice Address: lete ess, untry)  City	Given Name  Month  Given Name	Middle Initial  Day  State or Province  Middle Initial	Family Name  Year  Country  Family Name

<sup>\*\*</sup>Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.